



S/N 10/758,701

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Michael J. O'Phelan et al. Examiner: Mark H. Paschall  
Serial No.: 10/758,701 Group Art Unit: 3742  
Filed: January 15, 2004 Docket: 279.234US4  
Title: FLAT CAPACITOR FOR AN IMPLANTABLE MEDICAL DEVICE

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**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Supplemental Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicants request that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Pursuant to 37 C.F.R. §1.97(c)(2), Applicants hereby authorize the Commissioner to charge the fee of \$180.00, as set forth in 37 C.F.R. §1.17(p), to Deposit Account No. 19-0743.

11/14/2005 AKELECHI 00000060 190743 10758701

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Pursuant to 37 C.F.R. 1.98(a)(2), Applicant believes that copies of cited U.S. Patents and Published Applications are no longer required to be provided to the Office. Notification of this change was provided in the United States Patent and Trademark Office OG Notices dated October 12, 2004. Thus, Applicant has not included copies of any US Patents or Published Applications cited with this submission. Should the Office require copies to be provided, Applicant respectfully requests that notice of such requirement be directed to Applicant's below-signed representative. Applicant acknowledges the requirement to submit copies of foreign patent documents and non-patent literature in accordance with 37 C.F.R. 1.98(a)(2).

The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

MICHAEL J. O'PHELAN ET AL.

By their Representatives,

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.  
P.O. Box 2938  
Minneapolis, MN 55402  
(612) 359-3267

Date 11/09/05

By Peter C. Maki  
Peter C. Maki  
Reg. No. 42,832

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 9 day of November, 2005.

Name Paula Suchy

Signature Paula Suchy



10/758,701

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COMMUNICATION CONCERNING RELATED APPLICATION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Applicants would like to bring to the Examiner's attention the following related application in the above-identified patent application:

<u>Serial/Patent No.</u>	<u>Filing Date/Issue Date</u>	<u>Attorney Docket</u>	<u>Title</u>
11/226954	September 15, 2005	279.268US3	CONFIGURATIONS AND METHODS FOR MAKING CAPACITOR CONNECTIONS

Continuations and divisionals may be later filed on the cases listed above, or cited to the Examiner in any previous Communication Concerning Related Applications. Applicants request that the Examiner review all continuations and divisionals of the above-listed or previously-cited patent applications before allowing the claims of the present patent application.

Respectfully submitted,

MICHAEL J. O'PHELAN ET AL.

By Applicants' Representatives,

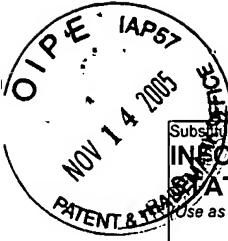
SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.  
P.O. Box 2938  
Minneapolis, MN 55402  
(612) 359-3267

Date 11/09/05 By Peter C. Maki  
Peter C. Maki  
Reg. No. 42,832

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Patents, MS: Amendment, P.O. Box 1450, Alexandria, VA 22313-1450, on this 9 day of November, 2005.

Paula Sucky  
Name

Paula Sucky  
Signature



PTO/SB/08A(10-01)  
Approved for use through 10/31/2002. OMB 651-0031  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> (Use as many sheets as necessary)		Complete if Known	
		<b>Application Number</b>	10/758,701
		<b>Filing Date</b>	January 15, 2004
		<b>First Named Inventor</b>	O'Phelan, Michael
		<b>Group Art Unit</b>	3742
		<b>Examiner Name</b>	Paschall, Mark
Sheet 1 of 1		Attorney Docket No: 279.234US4	

#### US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Filing Date If Appropriate
	US-3,389,311	06/18/1968	Rayno, G. D.	11/18/1966
	US-3,686,535	08/22/1972	Piper, J.	07/02/1971
	US-5,377,073	12/27/1994	Fukaumi, T., et al.	01/25/1993
	US-6,957,103	10/18/2005	Schmidt, B. L., et al.	04/15/2003

#### FOREIGN PATENT DOCUMENTS

Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	T <sup>2</sup>
	GB-2132019	06/27/1984	Adams, G. L., et al.	
	GB-825900	12/23/1959	Hancock, J. L., et al.	
	WO-0237515A2	05/10/2002	O'Phelan, M. J., et al.	

#### OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
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EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional) <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached